



PURCHASE SERVICES CONTRACTS  
SIGN LANGUAGE  
**APPOINTMENT SCHEDULING AND  
CONFIRMATION RECORD**

CONTROL NUMBER

LANGUAGE AGENCY

**COMPLETED BY REQUESTER/CONTRACTOR**

1. PERSON REQUESTING APPOINTMENT (FIRST NAME, MIDDLE INITIAL, LAST NAME) TITLE/POSITION

ADMINISTRATION/MEDICAL PROVIDER OFFICE/DIVISION OR PROGRAM TELEPHONE NUMBER (AND AREA CODE) DATE REQUEST MADE (MONTH, DAY, YEAR)

2. APPOINTMENT ADDRESS (NUMBER, STREET, CITY, AND ZIP CODE)

3. CLIENT'S/EMPLOYEE'S FULL NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) OR DASA APPROVAL NUMBER

4. GENDER

☐ Male

☐ Female

5. COMPLETE ONE OF THE FOLLOWING: DO NOT INCLUDE BOTH NUMBERS  
CLIENT ID NUMBER

PIC CODE (MEDICAL PROVIDERS ONLY)

6. SIGN LANGUAGE REQUESTED

☐ American Sign Language

☐ Pidgin Signed English

☐ Oral

☐ Tactile

☐ Other (specify):

7. APPOINTMENT DATE CERTIFICATION LEVEL REQUESTED SCHEDULED START TIME INTERPRETER ARRIVAL TIME ANTICIPATED END TIME

**COMPLETED BY INTERPRETER**

8. NAME OF INTERPRETER PROVIDING SERVICE (FIRST NAME, MIDDLE INITIAL, LAST NAME)

9. CERTIFICATION LEVEL

10. PAGER NUMBER

11. ADDRESS AND CITY

Origin:

12. MILEAGE

To Appointment:

13. REIMBURSABLE  
MILEAGE

Destination:

From Appointment:

**OR**  
TRAVEL TIME

FINAL DESTINATION (IF APPLICABLE)

**MAA does not pay  
for travel time.**

**COMPLETED AT TIME OF APPOINTMENT BY INTERPRETER OR PROVIDER**

15. Was this service completed?

☐ Yes; **complete sections 16, 17, and 18 below.**

☐ No; check the correct response to indicate why service was **NOT** completed

☐ Client No Show

☐ DSHS employee no show

☐ Medical Provider No Show

☐ Client/Patient Appointment Canceled

☐ Other (specify reason and include written justification in "comments" section below):

16. INTERPRETER SERVICES VERIFICATION

DATE OF SERVICE

SERVICE START TIME

SERVICE COMPLETION TIME

TOTAL BILLING TIME

17. INTERPRETER'S SIGNATURE

DATE

**DO NOT SIGN unless sections above are completed. Be sure to check: the appropriate box has been checked in Section 15; Section 16 for accuracy; and the interpreter signature in Section 17. Use Section 19 as needed.**

18. SIGNATURE OF DSHS STAFF/MEDICAL PROVIDER CONFIRMING SERVICE DELIVERY

DATE

PRINT NAME HERE

TITLE/POSITION

19. COMMENTS

Appointment Scheduling and Confirmation Record, DSHS 17-123  
INSTRUCTIONS

**Please Note: Some DSHS administrations may place restrictions on completion of sections of this form due to confidentiality requirements.**

The Control Number and Language Agency boxes at the top of the page are optional for use by the interpreter services contractor.

- Section 1. Enter the name of the person who requested an interpreter. Be sure there is sufficient detail in this section to enable the interpreter to locate the Requester. Complete the other boxes in the section, including the date the request for the appointment is made.
- Section 2. Enter the address where the appointment is scheduled. Include any room, office number, or facility name.
- Section 3. Enter the client's/employee's name. Confidentiality requires use of the DASA approval number.
- Section 4. Indicate the gender of the client/employee.
- Section 5. Enter the Patient Identification Code (PIC) for medical appointments. Enter the client's last four numbers of their Social Security Number in the Client ID number section for Division of Disability Determination Services appointments. Enter the Client Identification number for all other clients. Be sure the number matches the one on the DSHS-issued card.
- Section 6. Enter the client's/employee's language. Be sure the interpreter requested speaks the same language.
- Section 7. Enter the date of the appointment. Enter certification level requested. Enter the time the appointment is scheduled to start, i.e., the time the interpreter is requested to arrive; the time the interpreter actually arrives; and the approximate time the appointment is expected to end.
- Section 8. Print the interpreter's complete name.
- Section 9. Enter interpreter's certification level.
- Section 10. Enter interpreter's pager number.
- Section 11. Enter the address from which the interpreter left to come to this appointment (origin); and the address of the appointment (destination). If this is the interpreter's last appointment, enter the address of their final destination (FINAL DESTINATION, IF APPLICABLE).
- Section 12. Based on Section 12 above, enter the number of miles to the appointment. If it is the last appointment of the day, enter the number of miles from the appointment to the final destination.
- Section 13. Enter the mileage from Section 13 from point to point or travel time (but not both). MAA does not pay for travel time.
- Section 14. Check the "yes" or "no" box in this section, whichever applies.
- Section 15. Complete this section when the appointment is finished. Enter the date of service. Enter the scheduled start time or the time the interpreter actually arrives (from Section 8). Enter the actual time the service is completed, i.e., the requester no longer needs an interpreter for the client. The time between the service start time and the service completion time is the total billing time. Round up to the nearest one-fourth hour.
- Section 16. The interpreter signs and dates this section.
- Section 17. The person who signs and dates here represents the requester and validates the interpreter service has been provided. The person should also print their name and indicate their title or position.
- Section 18. Add any comments you choose, especially for any section already completed that is not self-explanatory. This section may also be used to note any disagreement between the interpreter and the requester or to show satisfaction with the services received. If additional space is needed, attach additional sheets.